



In re Application of:

YOSHINORI TAKAHASHI ET AL.

Application No.: 09/503,482

Filed: February 14, 2000

For: INFORMATION PROCESSING APPARATUS
AND METHOD THAT DETERMINES THE
PRESENCE OR ABSENCE OF A PRINTER
CONNECTED TO A NETWORK, AND
STORAGE MEDIUM STORING PROGRAM
THEREFOR (As Amended)

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment and Petition for Extension of Time in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 19	MINUS	** 21	= 0	x \$9 \$18	\$ 0
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$43 \$86	\$ 0
Fee for Multiple Dependent claims \$145°/\$290						\$ 0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

Docket No. 03560.001872.1

Examiner: G.I. Garcia

Group Art Unit: 2624

Date: June 1, 2004

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Technology Center 2600

2624

\$

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☒ A check in the amount of \$ 110.00 to cover the fee for a one-month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

Z.P. Diane
Attorney for Applicants

Registration No. 29 296

FITZPATRICK, CELLA, HARPER & SCINTO
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New York, New York 10112-3801
Facsimile: (212) 218-2200

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